PIPADOR REVISION

MRCOG Part 1 Revision Notes

Dyskaryosis

PATHOLOGY • LECTURE 341

VISUAL EXAMINATION REVISION NOTES

2026 Edition

341

MRCOG PART 1 REVISION NOTES | PATHOLOGY

Dyskaryosis

Cytological features, categories and histological correlates, and management in HPV primary screening

Cytology	Histology	2 weeks	Reflex
Dyskaryosis = abnormal nuclei	CIN = tissue diagnosis	High-grade → colposcopy	Cytology after hrHPV positive

■ KEY FACTS: Learning objectives

- Define dyskaryosis and describe cytological features.
- Describe the BSCC categories and their histological correlates (CIN, CGIN).
- Describe management in HPV primary screening, including pregnancy.

341.1 Definitions

- **Dyskaryosis**: cytological term for nuclear abnormality in exfoliated cells — enlarged, hyperchromatic, irregular nuclei with ↑ nuclear:cytoplasmic ratio (from liquid-based cytology).
- **CIN** (cervical intraepithelial neoplasia) is the **histological** diagnosis on biopsy (CIN1 — lower third; CIN2 — two-thirds; CIN3 — full thickness)
  - WHO also uses LSIL/HSIL.
- **Koilocytes** (perinuclear halo, wrinkled nuclei) indicate HPV cytopathic effect.
- **CGIN**: glandular intraepithelial neoplasia (adenocarcinoma in situ).

341.2 Categories

Cytology (dyskaryosis) categories and approximate histological correlates

BORDERLINE / LOW-GRADE	HIGH-GRADE (MODERATE)	HIGH-GRADE (SEVERE)
≈ CIN1 (HPV effect)	≈ CIN2	≈ CIN3

?INVASIVE SQUAMOUS	?GLANDULAR NEOPLASIA
Urgent colposcopy	CGIN / adenocarcinoma; consider endometrial

Figure 341.1 — Cytology categories and histological correlates

341.3 Management

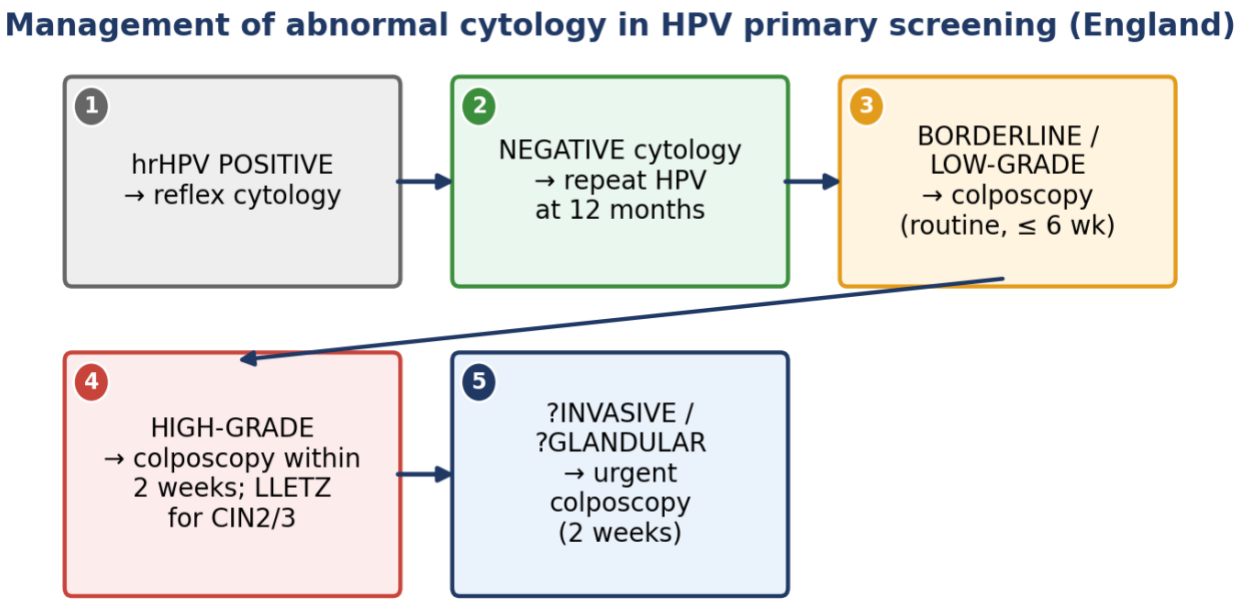


Figure 341.2 — Management pathway

Situation	Management
CIN1	Usually regresses — surveillance (repeat test at 12 months), treat if persistent
CIN2	Treat (LLETZ) — conservative management possible in young women wishing to conceive (high regression)
CIN3 / CGIN	LLETZ (large loop excision of the TZ) — test of cure HPV at 6 months
Pregnancy	• Colposcopy if high-grade cytology — aim to exclude invasion • Biopsy only if invasion suspected • Treatment deferred to ≥ 12 weeks postpartum
LLETZ and future pregnancy	Small ↑ preterm birth risk (depth-dependent) — consider cervical length surveillance

341.4 Must-know summary

■ EXAM TIP

- Dyskaryosis is cytological; CIN is histological.
- Low-grade ≈ CIN1; high-grade moderate ≈ CIN2, severe ≈ CIN3; ?invasive/?glandular → urgent.
- HPV primary: hrHPV + → reflex cytology → colposcopy if abnormal; negative cytology → repeat HPV at 12 months.
- CIN2/3 → LLETZ; pregnancy — defer treatment, exclude invasion.

■ MNEMONIC / MEMORY AID

'Cytology Describes Dyskaryosis; Histology Calls it CIN'.